

# *The Coming Age Wave: Planning, Performance, and Policy*

Report to Accompany the ADS Performance  
and Policy Forum Presentation

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Research and Evaluation  
*Facilitating Effective Decisionmaking*  
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## Table of Contents

<b>The Coming Age Wave .....</b>	<b>3</b>
<b>The Population Pyramid.....</b>	<b>3</b>
<b>Aging Non-white Populations in Multnomah County .....</b>	<b>4</b>
<b>Predicting the Population of Seniors.....</b>	<b>5</b>
<b>Seniors in Poverty .....</b>	<b>6</b>
<b>Preparing for the Age Wave .....</b>	<b>7</b>
<b>The Older Adult Needs Assessment .....</b>	<b>7</b>
<b>The Maturing of America.....</b>	<b>7</b>
<b>Issues As a Consequence of the Age Wave .....</b>	<b>11</b>
<b>Senior Poverty .....</b>	<b>11</b>
<b>The 85+ Spike.....</b>	<b>12</b>
<b>Conclusion .....</b>	<b>12</b>
<b>Appendix A: Selected Documents and Websites .....</b>	<b>13</b>

## The Coming Age Wave

The most profound demographic change facing Multnomah County and the nation today is the increase in the population of people 65 years and older. The generation known as the Baby Boomers is now reaching retirement age.

It is important to know that this “population wave” is neither imminent nor ubiquitous. The first Baby Boomers have just turned 60. Baby boomers will begin to reach traditional retirement age starting in 2012, and the most dramatic increases will occur in the decade following. Population pyramids for racial and ethnic minorities show less influence of the Baby Boom, suggesting this was mainly a white phenomenon.

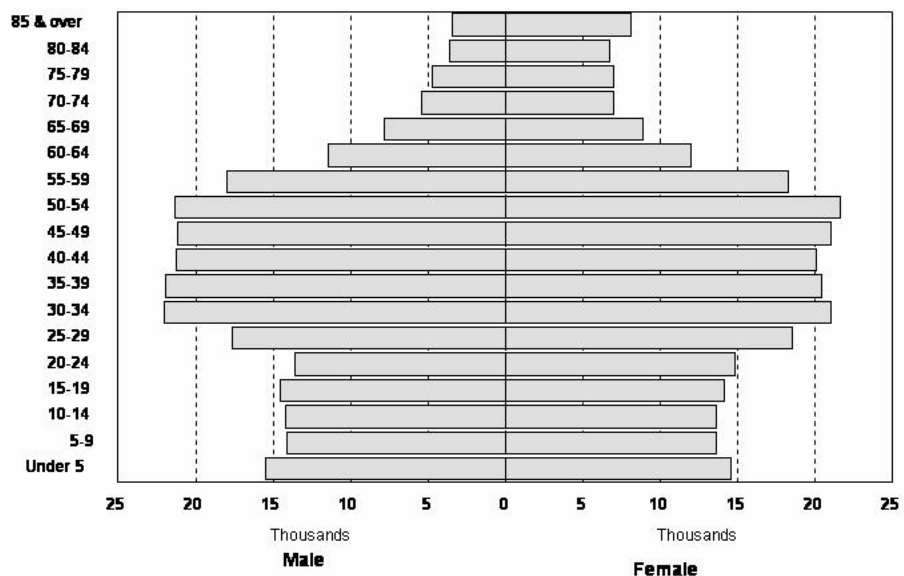
**Baby Boomer: A person born between 1946 and the early 1960s.**

### The Population Pyramid

A population pyramid shows age rates throughout a population by means of bands. Graph 1 shows the population trends for whites living in Multnomah County in 2005. County residents born in 1946 would occupy the 55-59 horizontal age bar, because they would have achieved their 59<sup>th</sup> year during 2005. The left side bars of the pyramid represent males, and the right bars females. The x-axis indicates scale: how many hundreds, or in this case thousands, of people are in the age bars. Note that the value of the population pyramid is its ability to illustrate relative proportion over time. It does not do as good a job illustrating the *number* of people in the age group. For example, while the X-axis for Graph 1 is in the thousands,

**Population Pyramid: a graph showing the distribution of ages in a population.**

the X-axis for African-Americans is in the hundreds.

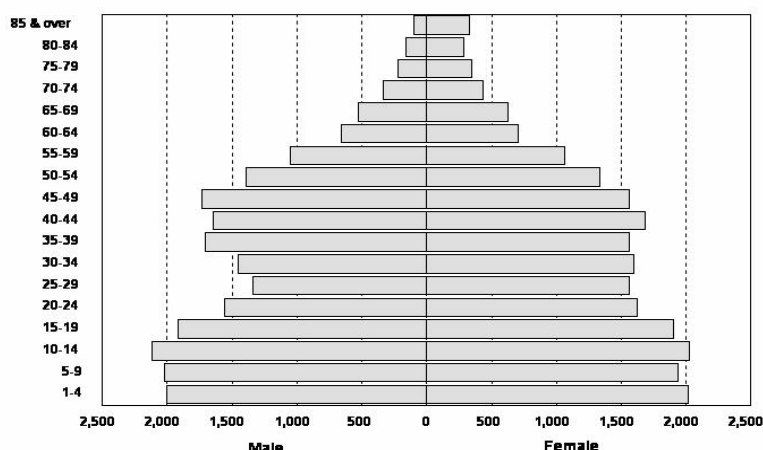


**Graph 1: Multnomah County, 2005**  
White, non-Hispanic Population Distribution  
Source: 2005 National Center for Health Statistics Estimates

The top of the pyramid illustrates the phenomenon of females' greater longevity. The pyramid is leaning to the right, indicating more females than males. The pyramid base is more symmetrical along the lower part of the vertical axis, indicating births are more evenly distributed. The wide middle of the pyramid is the bulge, or "pig in a python" that goes from the 55-59 band down to the 30-34 band. This is a graphical representation of the Baby Boom generation.

### Aging Non-white Populations in Multnomah County

As shown in Graph 2, the population pyramid for African-Americans in Multnomah County shows a different configuration than the one for whites. At the highest level of the pyramid the tilt to the right is more pronounced, indicating that African American men die at a much younger rate than women. Moving down the chart, the bulge begins later than for whites, at the 45-49 age band. The bulge in births lasted for a shorter period, proceeding only ten years. Finally, the bulge is more pronounced in males than in females, owing to a temporary reduction in male births around 1980. The large base on the graph indicates that proportionally, more African-American children are being born than any time within the last



**Graph 2: Multnomah County, 2005**  
African American Population Distribution  
Source: 2005 National Center for Health Statistics Estimates

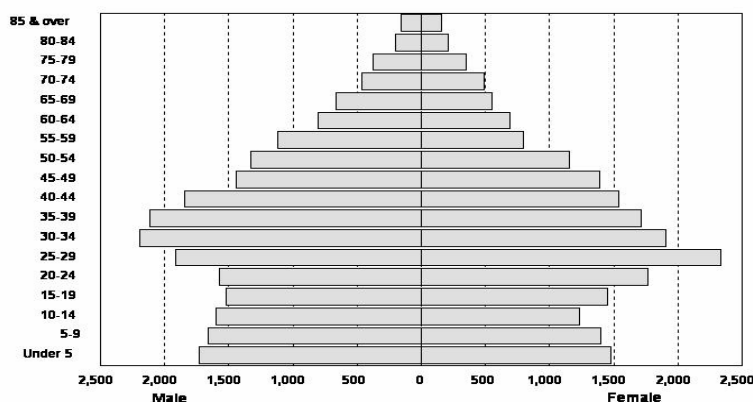
century. The early 1990s were a peak period in births of both males and females.

The Asian-Pacific population distribution for the county is illustrated in Graph 3. The symmetrical shape of the pyramid at the oldest bands indicates that males and females live about the same length of time. The bulge begins in the mid-40s, still younger than African-Americans. It lasts slightly longer than the bulge for African-Americans, concluding with the 25-29 year old band.

The Multnomah County Hispanic population distribution (Graph 4) shows very few elders of either sex. This is evidence that Hispanic populations need long term care sooner than other populations due to the effects of chronic exposure to toxic conditions in the workplace, most notably to farm and orchard chemicals. The bulge begins earlier than in any other population reviewed. The increase in population begins with the 35-39 year olds, younger than with any other group, and the period of the bulge is quite small, lasting only about 10 years.

**The baby boom is less pronounced in non-white populations.**

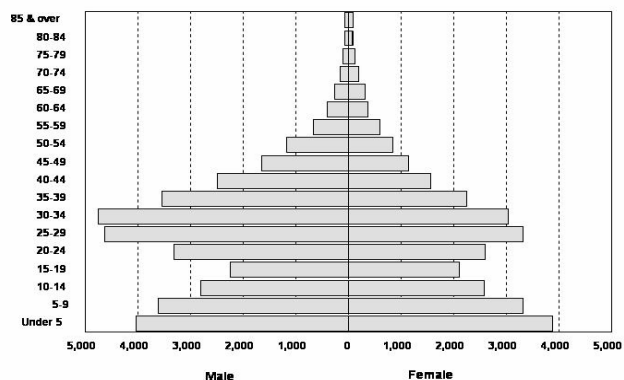
The final graph in the series (Graph 5) illustrates the population distribution among American Indians in Multnomah County. The population is smaller than the others in the series by a factor of 10. The graph shows a small bulge (most pronounced among males) starting with the 35-39 age band and going ten years. The number of American Indians Under



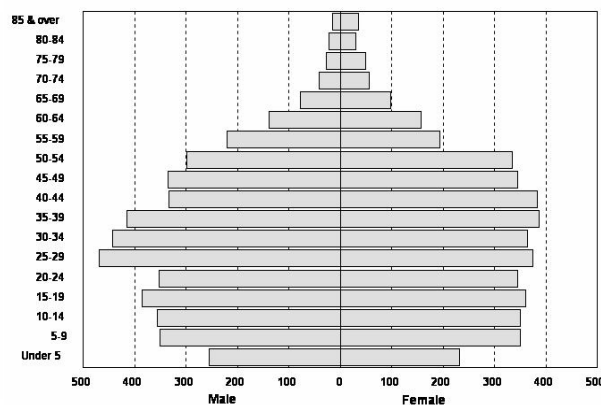
**Graph 3: Multnomah County, 2005**  
Asian/Pacific Population Distribution  
Source: 2005 National Center for Health Statistics Estimates

## Predicting the Population of Seniors

American-born populations migrate into and out of Multnomah County, and the county draws immigrants from other lands. This dynamic artificially skews the population pyramid, making it difficult to predict service requirements. Finally, longevity rates vary with populations, as illustrated in the differing shapes of the pyramids as they reach the top of the graphs.



**Graph 4: Multnomah County, 2005**  
Hispanic Population Distribution  
Source: 2005 National Center for Health Statistics Estimates



**Graph 5: Multnomah County, 2005**  
American Indian Population Distribution  
Source: 2005 National Center for Health Statistics Estimates

In 2007 Division commissioned the PSU Population Research Center to predict the distribution of populations of interest to ADS. This prediction was used as the basis for the division's Area Agency on Aging three-year area plan (Appendix 1). The predictions indicate that the population of Multnomah County seniors – both white and non-white – will remain stable through the beginning of the next decade.

The Oregon Department of Human Services predicts that the overall population of seniors in the county will rise from about 70,000 in 2005 to about 125,000 in 2025, an

increase of 44% in 20 years. At the same time the proportion of seniors in the county will increase by over 25%, from about 11% to 16% of the total county population.

### Seniors in Poverty

The poverty rate for seniors in Multnomah County exceeds the rate for the state as a whole (13.5% vs. 8.5% for the state). (American Community Survey, 2006) Still, it is lower than the overall poverty rate for all people living in the County (15.6%). The state of Oregon predicts that over the next 20 years Medicaid caseloads for seniors in Multnomah County will almost double, from 5500 to 10,000. The state DHS also predicts that over the next 20 years the number of people needing long term care will increase 45%, from about 31,000 to about 56,000. This translates to an almost 30% increase in the proportion of individuals (seniors and people with disabilities) needing long term care throughout the county.

## Preparing for the Age Wave

Aging and Disability Services is preparing for the coming age wave in two ways: the division is launching a major client needs assessment survey with the PSU Institute on Aging, and it is collecting best practices from national studies that address the issue.

### The Older Adult Needs Assessment

In early 2008 ADS began negotiations with the Portland State University Institute on Aging with the purpose of collaborating on a client needs assessment that will help direct services over the next five years. The general goals of the survey are to learn about the *needs and quality of life* of older adults living in Multnomah County. More specifically, the survey will explore *barriers to receiving assistance, gaps in service, health, safety, and community involvement*. The actual survey areas of inquiry are *housing, access to information, safety and support, physical and emotional health, employment and financial security, volunteerism and engagement*.

The survey target population is a sample (N=384) of Multnomah County residents 55 and older who are within 200% of federal poverty (\$20,800). The division and Institute on Aging has also contracted with the PSU Survey Research Center to conduct 275 interviews with racial, ethnic, and language-minority respondents. The phone surveyors will also oversample racial and ethnic minority populations of interest.

The data collection phase will be complete in September 2008. Results will be analyzed over the Fall, and the report will be distributed in the Winter of 2009.

### The Maturing of America

In 2005 the National Association of Area Agencies on Aging secured funding through The Met Life Foundation, and then partnered with the National Association of Counties among others to determine governments' "aging readiness" and to collect best and promising practices from around the country. The result of this exploration, *The Maturing of America: Getting Communities on Track for an Aging Population*, contained ten findings. They are as follows:

- **Health:** "Communities should play a major role in ensuring access to a range of needed preventive health care services for older adults."
- **Nutrition:** "Communities should support a range of healthy home-delivered and congregate meals, as well as educational and purchasing assistance programs to ensure that at-risk older adults have access to adequate nutrition,"
- **Exercise:** "Communities should provide a range of fitness programs to assist older adults to safely and effectively exercise to improve their overall health and well-being. Additionally, communities can ensure that their parks and recreational

facilities include walking trails, benches and fitness facilities that would accommodate and attract older citizens.”

- **Transportation:** “Communities should offer driving assessment and training to help older adults remain on the road as safely as possible for as long as possible. Communities should also consider improvements to roadway design such as large print road signs, grooved lane dividers, dedicated left turn lanes and extended walk times at pedestrian crosswalks to accommodate older drivers and pedestrians. Additionally, local governments should assess their existing public transportation systems to see if they address the needs of an aging population.”
- **Public Safety/Emergency Services:** “Communities should ensure that public safety personnel and first responders are trained to deal with the specialized needs of older adults and that these needs are specifically addressed in community disaster plans. They also need to investigate and consider adapting new technologies designed to ensure the safety and well-being of older adults.
- **Housing:** “Communities should play a critical role in promoting the development of home modification programs that assist older citizens to adapt their existing homes to meet their needs. Additionally, communities should assess their land use plans, zoning ordinances and building codes to promote the development of a range of housing options that meet the needs of an aging population. These should be as close as possible to transportation links and/or walkable distance from daily needs like medical services or shopping.”
- **Taxation and Finance:** “Communities should assist older citizens by providing tax assistance and relief to those most in financial need. Additionally, communities should offer education and training for older adults about how to protect themselves against financial fraud and predatory lending.
- **Workforce Development:** “Communities should develop or partner with others who offer job training and retraining programs and lifelong learning opportunities that assist older adults to remain in the workforce. Additionally, communities should promote employment options — such as part- and flex-time work options — to attract and retain an aging workforce.
- **Civic Engagement/Volunteer opportunities:** “Communities should create and expand opportunities for the effective and purposeful participation of older citizens on community boards and commissions as well as to create and expand meaningful volunteer opportunities in local government and non-profit organizations.”
- **Aging/Human Services:** “Communities should promote the development of a single point of entry for information and access to all aging services. Additionally, communities should increase their support for a continuum of supportive services that older adults need to remain living independently at home and in the community.
- **Policies/Guidelines:** Communities need to broadly re-examine existing planning policies to reflect the needs of an aging population and to develop strategies to engage older adults to be actively engaged in these processes.



For purposes of this presentation, ADS is highlighting only three areas and four recommendations of the report. These are the areas that Multnomah County most directly influences through ADS:

- ✓ Communities should promote a **single point of entry** for information and access to all aging services.
- ✓ Communities should provide supportive services that older adults need to remain **living independently at home** and in the community.
- ✓ Communities should create opportunities for the **effective and purposeful participation of older citizens** on community boards and commissions.
- ✓ Communities should ensure that public safety personnel are **trained to deal with the specialized needs of older adults**.

*Single Point of Entry.* There are two points of entry to the ADS information and assistance system: phone and internet. The volume of Helpline calls over time suggest the underlying events that motivate a call. When Medicare Part D, the drug benefit provision, was enacted and rolled out, the volume of calls jumped. When the deadline for Part D enrollment drew near, the volume of calls jumped. In September, between the heating and cooling season, and in the quiet prior to Part D reenrollment, there is a “September Slump.” Ignoring these outliers, the volume of calls stays about the same, at around 2,600 per month.

Since 2005 when ADS rolled out the resource, the number of hits on the Network of Care website has increased at a steady rate. In the last fiscal year the number of hits has quadrupled.

*Living Independently at Home.* The greatest success of Oregon’s senior services has been the efficiency of diverting nursing home eligible Medicaid recipients from more expensive services. In this area the state has been a national model, and Multnomah County has been the state leader. For three years, the rate of population diverted – 80% -- has remained unchanged, though as few as five years ago the figure was 82%. The differences may seem trivial, but each change in a percent point means a change of \$6 million.

The cost effectiveness of transitioning or diverting from a nursing home to a less restrictive environment is illustrated in a statistic kept by the Adult Care Home Program. The cost to Medicaid of Adult Care Home placement has remained about 20% over time. This means an adult care home is one-fifth the cost of a nursing home.

*Participation.* Although volunteers participate in many of ADS’s programs, the division has chosen to illustrate that participation with reference to only one (albeit important) service: the Elders in Action Personal Advocates. Personal advocates do what their job title sounds like: they go with elders to various appointments, speak on behalf of the client in stressful situations, and generally do what they can to smooth the way between clients and larger systems. The number of advocates has been increasing steadily over time:

and is up 500% since 2001. At the federal volunteer rate of \$16/hour, this means that in 2008, volunteers contributed over \$244,000 worth of time and energy to the county.

*Emergency Services.* The images of elders left to die in the wake of Hurricane Katrina served to increase our awareness of client vulnerability in a public crisis. Staff in ADS collaborated with the Health Department through a NACo grant to develop a registry of adults with disabilities. The County, the City of Portland, the disability community and local 911 partners developed an MOU to improve the identification of people at risk in emergencies or major disasters. The small Health Department grant funded the development of a web based Volunteer Emergency Registry managed by the County and its partner, the City of Portland. The registry will inform emergency personnel and 911 responders that a special needs person lives in the dwelling they approach, so they can prepare appropriately.

The kick off for the registry occurred in September 2007 and registrations of people with disabilities and seniors have increased exponentially.

## Issues As a Consequence of the Age Wave

### Senior Poverty

*Healthcare Co-pays.* Over the next 20 years healthcare costs will continue to dominate the landscape of senior services. The solution to healthcare rests almost entirely on the resolve of federal and state lawmakers to solve the problem for the population generally, and for seniors specifically. When Medicare was enacted in 1965, it was a low co-pay, high coverage solution for seniors needing assistance with medical bills. Medicaid was enacted at the same time to cover seniors and non-seniors alike in poverty who needed access to healthcare resources. Today, Medicare has evolved from a defined benefit plan to a defined contribution plan with the changes enacted through the Medicare Modernization Act in 2005. The newly created Medicare Part D drug program provided a new middle class entitlement while at the same time has burdened the low income senior with the requirement to cover a large portion of drug costs within the so called “donut hole” on their own. Other changes in Medicare such as privatization through the Medicare Advantage plans also resulted in restricting access for seniors to private pay doctors because of low Medicare reimbursements for the private plans.

*The 65+ Housing Burden.* Seniors want to age in place, or stay in their own homes as long as possible. At the same time seniors experience many of the stresses that younger renters and homeowners do. Rising property taxes in the county require relief for those on fixed incomes. The same is true for escalating costs for water and utilities. As seniors age, they need accommodation to remain in their homes. In many cases this means new zoning ordinances and building codes to increase their range of options.

*Workforce Changes.* The aging issue that touches Multnomah County most immediately is the changing workforce occasioned by Baby Boomers reaching traditional retirement age. The Bureau of Labor Statistics projects a 10 million work shortfall in the US between now and 2010. A recent Oregon Employment Department publication stated “As boomers retire, the main challenge will be finding individuals with the right combination of experience and skills to replace them.” Additionally, employers and employees alike will need to redefine work and retirement. The county is already putting in place mechanisms that will help guide the new wave of retirees. The Multnomah County Task Force on Vital Aging reports, “There is an increased demand for flexibility and work-life balance not only among older workers but also among younger workers. Creating a flexible and rewarding workplace for older adults will make those businesses and organizations more attractive for employees of all ages.”

Forty-three percent of the US labor force will be eligible to retire between 2004 and 2012, and only one worker will enter the workforce for each retiree. This suggests that the workplace will look very different in ten years, and the county will need to reconsider

such tasks as recruitment, workplace design, organizational culture, work design, working arrangements, and compensation and benefits. [Everyone Matters]

### The 85+ Spike

Throughout history individuals have lived as long as 100 years. It was thought that a century was a natural ending time for one's life, when the body finally became too worn out to continue. That belief is being reexamined in the light of the fact that greater numbers of people are living longer than ever. The number of people approaching 85 years old has never been higher, and is increasing every year. Typically the highest risk for losing independence and having a need for long term care occurs after this age.

The increase in the number of "old-old" means that new supports will be needed to keep elders as independent as possible. This population is more susceptible to abuse, owing to increased vulnerability while living in the community.

### Conclusion

Aging and Disability Services is preparing for the increasing number of older adults consequent to the aging of the baby boomers. The needs assessment conducted in conjunction with Portland State's Institute on Aging will assist in assuring that we are prepared to meet future needs. The division is also concerned about increasing senior poverty owing to increasing health care co-pays and the housing burden. The division is also concerned about this society accommodating the increasing number of 85+ year olds, who will need more assistance if they are to retain their independence. The age wave is still out at sea, but we know it is coming. We are preparing to meet the challenges ahead.

## Appendix A: Selected Documents and Websites

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ADS 2008-2011 Area  
Plan Summary.pdf



MOAFinalReport.pdf